

## THE MEDICAL CENTER OR THE HOSPITAL\*

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**D**URING the past few years many innovations have been introduced in hospitals throughout the country. The establishment of special-care units, the extensive use of electronic monitoring equipment, the installation of automated laboratory apparatus, and the widening scope of surgical procedures, bear witness to the progress that has been made in a short time.

Far less dramatic, but equally important, has been a gradual change in attitudes of the hospitals toward their primary function. As institutions have increased in size and have diversified their activities, the care of the patient has been progressively subordinated to programs of teaching and research. The designation "hospital" apparently is no longer considered appropriate and is being replaced, wherever possible, by the term "medical center," which is far more prestigious.

In spite of the vast technologic progress in diagnostic and therapeutic electronic devices, the benefits apply to relatively few types of cases. The one change in hospital procedures that has affected almost all patients is the manner of payment of the costs of hospitalization. For the majority of patients the basic charges are covered by some type of insurance.

The underwriting of hospitals' and physicians' bills by Blue Cross, Blue Shield, Senior Care, Medicare, Medicaid, and a variety of private carriers apparently has not solved the problem for the whole population, and plans are now being engendered for the federal government to subsidize the total costs of medical care. Whether the chief beneficiary of governmental underwriting will be the patient for whom it is intended or the hospital which treats him, is a subject for conjecture.

If we believe with Shakespeare that what is past is prologue, we can

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be reasonably sure that the larger medical centers will make every effort to wheedle as much money as they can from the government in order to expand their plants and facilities. If local conditions restrict their expanding laterally, they will try to expand vertically. One of our neighboring medical centers has already announced plans to secure the air rights over its adjacent river front.

There is every indication that the medical center of the future will be staffed only by full-time physicians, with the costs underwritten by the government. How much benefit the individual patient will derive under this system is a moot question. Judging by current practices, it would appear that the major responsibility of the staff physician would be to the hospital and its research and teaching. In many if not all teaching centers the private physician has already been compelled to relinquish the responsibility of his patient to interns, residents, and to that awesome creation, the hospital team.

It must be both mystifying and terrifying for the acutely ill patient in the hospital-medical center as he becomes aware that his personal physician, who had helped him so much in the past, is now *persona non grata* and has approximately the same status as any other visitor. The attending physician is no longer permitted to write orders nor is he even advised of procedural changes in treatment contrived by interns or residents as a result of sudden inspirations. The supercilious attitude pervading most intensive-care units has not only deprived the attending physician of the opportunity to evaluate the newer therapeutic techniques but has actually discouraged him from observing the activities in the units.

Private physicians are still tolerated in the large medical centers but only because they perform a necessary service in clinical teaching or in outpatient departments. They also provide patients for teaching material—medical and surgical. Many private physicians have already accepted part-time positions in hospitals in order to secure their affiliations. In due time, sufficient funds will be available to staff the centers adequately with full-time physicians, and the private physician in the medical center will become as extinct as the dodo. Periodically he will be resurrected and deluged with invitations to attend symposia on esoteric subjects meticulously designed to destroy his self confidence and give him an inferiority complex.

The prestige and predominance of our neighboring medical centers

have presented a constant temptation to Doctors Hospital to become an ancillary unit in a large complex. This far we have resisted this temptation, and our financial status has not made it an economic necessity. We have also been reluctant to trade in the independent status and security of our staff for a few clinical professional titles, as has occurred elsewhere. We realize fully that affiliation would compel us to relinquish a commodity greatly valued in these times—personalized medical care.

In an age in which so many institutions are trying to engage in so many activities simultaneously, we find ourselves in the unique position of providing only one service—good medical care. The physical structure of Doctors Hospital, with its preponderance of private rooms, readily lends itself to the concept of personalized service and protects the patient from the unavoidable nosocomial hazards of hospitalization. Our cross-infection rates and postoperative wound-infection rates are among the lowest in the country.

Our attending staff has demonstrated to the medical community and to the public that it is possible to render the highest quality of medical care in an environment dedicated to the treatment of the patient as an individual. The patient-doctor relation can be maintained in a well-equipped scientific institution and need not be sacrificed to satisfy the insatiable demands of teaching programs. In a recent survey of Doctors Hospital the Joint Commission on Accreditation found our standards far higher than those of many teaching-oriented institutions.

Medical progress makes exorbitant demands on hospital administrations to provide the facilities necessary for proper care of the patients. Maneuvers originally conceived as research projects often develop into routine procedures requiring costly equipment and maintenance. Thus far this hospital has been able to keep abreast of most medical techniques within its scope without resorting to appeals for public funds. Sound managerial practices and services rendered gratis by our attending staff have made this possible. It has been a constant source of gratification to observe private physicians, many with outstanding achievements, freely giving of their time in the coverage of special care units and in the work of administrative committees. This has been of great value in controlling the spiraling costs of hospitalization.

According to current standards, Doctors Hospital is an institution of moderate size. But even if it were to expand on an unprecedented scale it should remain resolute in the pursuit of its main objective,

namely, the provision of the highest quality of personalized medical care. In this era there is a very important role in our system of medicine for institutions whose chief function is the care of patients. I hope we shall always be able to support the doctrine that the primary concern of the physician is the welfare of his patients.

We are all familiar with the story of the gold-headed cane which was handed down from one English physician to another for 150 years. I should like to pass something on to my successor, at least symbolically. But the gold-headed cane connotes a concept of continuity in an orderly world and this is not exactly what the future now forbodes. We are facing an era of many challenges to the medical profession, both technical and political. Technical progress will bring into the medical horizon possibilities of therapy in hitherto inaccessible problems but profound judgment will be required to make the best use of our knowledge. Political parties will vie in promising to the public cornucopias of medical care, and the "gravy train" will have its doors wide open for the easy rider.

I have therefore chosen, as the symbol of succession, the flaming torch. It suggests vigilance, courage, caution, progress, and inspiration. It may have to be rekindled often and it may, at times, be hot to handle. But it will constantly shed light for those who are working in the cause to which we have dedicated ourselves.